

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENTFORM APPROVED  
OMB NO. 1004-0137  
Expires: January 31, 2018**SUNDRY NOTICES AND REPORTS ON WELLS**  
*Do not use this form for proposals to drill or to re-enter an abandoned well. Use form 3160-3 (APD) for such proposals.***SUBMIT IN TRIPLICATE - Other instructions on page 2**

1. Type of Well <input type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other: INJECTION		5. Lease Serial No. NMNM2512
2. Name of Operator APACHE CORPORATION		6. If Indian, Allottee or Tribe Name
Contact: REESA FISHER E-Mail: Reesa.Fisher@apachecorp.com		7. If Unit or CA/Agreement, Name and/or No. NMNM72602X
3a. Address 303 VETERANS AIRPARK LANE SUITE 3000 MIDLAND, TX 79705	3b. Phone No. (include area code) Ph: 432-818-1062	8. Well Name and No. NORTHEAST DRINKARD UNIT 410
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Sec 10 T21S R37E SENE 1980FNL 660FEL		9. API Well No. 30-025-06453
		10. Field and Pool or Exploratory Area EUNICE; B-T-D, NORTH
		11. County or Parish, State LEA COUNTY COUNTY, NM

**12. CHECK THE APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA**

TYPE OF SUBMISSION	TYPE OF ACTION			
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Acidize	<input type="checkbox"/> Deepen	<input type="checkbox"/> Production (Start/Resume)	<input type="checkbox"/> Water Shut-Off
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Alter Casing	<input type="checkbox"/> Hydraulic Fracturing	<input type="checkbox"/> Reclamation	<input type="checkbox"/> Well Integrity
<input type="checkbox"/> Final Abandonment Notice	<input checked="" type="checkbox"/> Casing Repair	<input type="checkbox"/> New Construction	<input type="checkbox"/> Recomplete	<input type="checkbox"/> Other
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	
	<input type="checkbox"/> Convert to Injection	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Water Disposal	

13. Describe Proposed or Completed Operation: Clearly state all pertinent details, including estimated starting date of any proposed work and approximate duration thereof. If the proposal is to deepen directionally or recompleate horizontally, give subsurface locations and measured and true vertical depths of all pertinent markers and zones. Attach the Bond under which the work will be performed or provide the Bond No. on file with BLM/BIA. Required subsequent reports must be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recompleation in a new interval, a Form 3160-4 must be filed once testing has been completed. Final Abandonment Notices must be filed only after all requirements, including reclamation, have been completed and the operator has determined that the site is ready for final inspection.

Apache performed the following:

5/31/2017 MIRUSU Unset pkr & POOH w/tbg.  
6/01/2017 POOH w/tbg & pkr.  
6/02/2017 Pressure test tbg & csg to 500#; both held. RIH w/bit & WS to 6400'.  
6/05/2017 Tag fill @ 6558'.  
6/06/2017 Reverse pump failed; WO repairs.  
6/07/2017 DO fill to 6665'; circ clean.  
6/08/2017 RIH & set Injection Packer @ 5650'.  
6/09/2017 RIH w/2-3/8" IPC injection tbg; circ pkr fluid.  
6/12/2017 Test pkr to 550#; tested good. Blew pump out plug. Schedule MIT.  
6/15/2017 Ran witnessed MIT (chart attached). RTI

Accepted for Record Only  
Pending BLM  
Approval.  
MJB

14. I hereby certify that the foregoing is true and correct. <b>Electronic Submission #379577 verified by the BLM Well Information System For APACHE CORPORATION, sent to the Hobbs</b>	
Name (Printed/Typed) REESA FISHER	Title SR STAFF REGULATORY ANALYST
Signature (Electronic Submission)	Date 06/22/2017

**THIS SPACE FOR FEDERAL OR STATE OFFICE USE**

Approved By _____	Date _____
Conditions of approval, if any, are attached. Approval of this notice does not warrant or certify that the applicant holds legal or equitable title to those rights in the subject lease which would entitle the applicant to conduct operations thereon.	Office _____

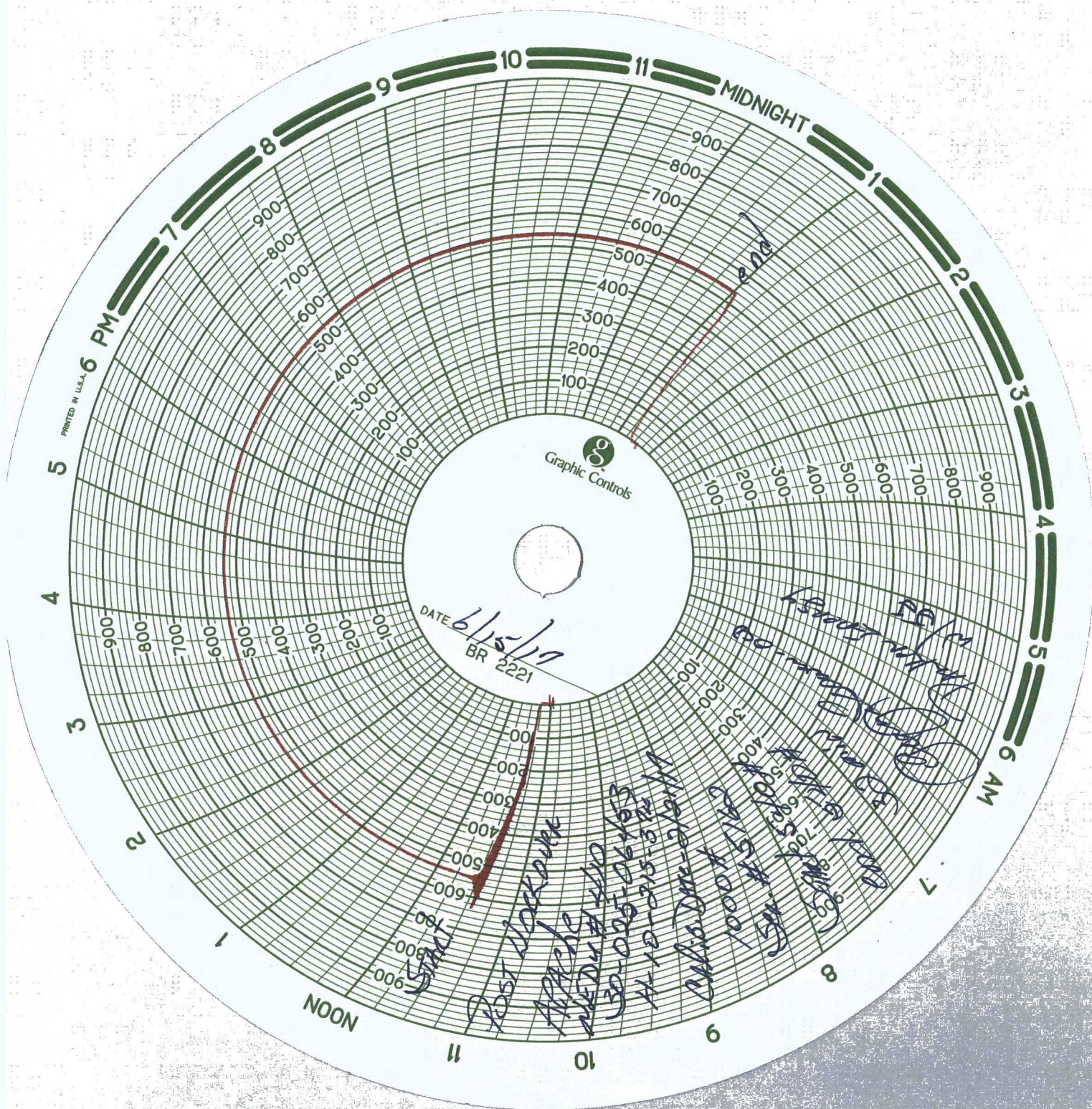
Title 18 U.S.C. Section 1001 and Title 43 U.S.C. Section 1212, make it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

(Instructions on page 2)

**\*\* OPERATOR-SUBMITTED \*\* OPERATOR-SUBMITTED \*\* OPERATOR-SUBMITTED \*\***

REBMS - MJB/OCD 6/28/2017  
- CHART -







State of New Mexico  
Energy, Minerals and Natural Resources Department  
Oil Conservation Division Hobbs District Office

BRADENHEAD TEST REPORT

Operator Name <i>Apache</i>		* API Number <i>30-025-06453</i>	
Property Name <i>NEDU</i>		Well No. <i>410</i>	

7. Surface Location

UL - Lot <i>H</i>	Section <i>10</i>	Township <i>21S</i>	Range <i>37E</i>	Feet from <i>1980</i>	N/S Line <i>N</i>	Feet From <i>460</i>	E/W Line <i>E</i>	County <i>Lea</i>
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Well Status

TA'D WELL YES	NO	SHUT-IN YES	NO	INJECTOR INJ	SWD	OIL	PRODUCER GAS	DATE <i>6/15/11</i>
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OBSERVED DATA

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csg	(E)Tubing
Pressure	<i>φ</i>	<i>—</i>	<i>—</i>	<i>φ</i>	<i>φ</i>
Flow Characteristics					
Puff	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	CO2 <i>—</i>
Steady Flow	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	WTR <i>—</i>
Surges	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	GAS <i>—</i>
Down to nothing	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	Type of Fluid
Gas or Oil	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	Injected for
Water	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	<i>Y/N</i>	Waterflood if applies

Remarks - Please state for each string (A,B,C,D,E) pertinent information regarding bleed down or continuous build up if applies.

*Post Work Over*

Signature:		OIL CONSERVATION DIVISION	
Printed name:		Entered into RBDMS	
Title:		Re-test	
E-mail Address:			
Date: <i>6/15/11</i>	Phone:		
Witness: <i>[Signature]</i>			

INSTRUCTIONS ON BACK OF THIS FORM